



COLONIAL GENERAL INSURANCE AGENCY, INC.

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Motel Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

1. Operation:

[ ] Hotel [ ] Motel [ ] Tourist Courts/Cabins [ ] Resort [ ] Dude Ranch

[ ] Other (describe): \_\_\_\_\_

Number of rooms: \_\_\_\_\_ Average room charge: \_\_\_\_\_ Average occupancy rate: \_\_\_\_\_%

Room rental by the: [ ] Hour [ ] Day [ ] Week [ ] Month [ ] Other (describe): \_\_\_\_\_

Any leased areas? ..... [ ] Yes [ ] No

Leased to whom? \_\_\_\_\_

Operation: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft.

2. National affiliation? ..... [ ] Yes [ ] No

If yes, with whom? \_\_\_\_\_

3. Recommended by local Chamber of Commerce or American Automobile Association (AAA)? ..... [ ] Yes [ ] No

4. Building information/protection:

Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_

[ ] Central station fire alarm [ ] Local fire alarm [ ] Emergency lighting [ ] Guards [ ] Sprinklered

[ ] Standpipes and hose [ ] Guest rooms have smoke detectors and/or sprinklers

If you have guards, are they armed? ..... [ ] Yes [ ] No

5. Annual gross sales for insured's and their concessionaires' operations:

\$ \_\_\_\_\_ Room rental

\$ \_\_\_\_\_ Convenience store ..... Number of stores: \_\_\_\_\_

\$ \_\_\_\_\_ Food from restaurant..... Number of restaurants or lounges: \_\_\_\_\_

\$ \_\_\_\_\_ Liquor from restaurant or lounge

\$ \_\_\_\_\_ Conferences and conventions..... Maximum occupancy for premises: \_\_\_\_\_

\$ \_\_\_\_\_ Health or swim club ..... Number of members: \_\_\_\_\_

\$ \_\_\_\_\_ Equipment rental (snowmobiles, boats, skis, etc.) ... Type of equipment: \_\_\_\_\_

\$ \_\_\_\_\_ Other (describe): \_\_\_\_\_

\$ \_\_\_\_\_ Total of above

**6. Other operations/exposures:**

- Baseball fields  
Number of fields: \_\_\_\_\_
- Sports courts (tennis, basketball, racquetball, volleyball, etc.)  
Total number of courts: \_\_\_\_\_
- Trails
  - Bike—Number of trail miles: \_\_\_\_\_
  - Horse—Number of trail miles: \_\_\_\_\_
  - Other (describe): \_\_\_\_\_
- Boats  
Number of boats: \_\_\_\_\_  
Type (sail, power, canoe, etc.): \_\_\_\_\_
- Boat docks or slips  
Number: \_\_\_\_\_
- Club houses (including exercise rooms)  
Square footage: \_\_\_\_\_
- Lake  
Number of acres: \_\_\_\_\_
- Park  
Number of acres: \_\_\_\_\_
- Playgrounds  
Number of playgrounds: \_\_\_\_\_
- Saddle animals  
Number of animals: \_\_\_\_\_  
Describe type of animal: \_\_\_\_\_
- Saunas/hot tubs  
Number of saunas and hot tubs: \_\_\_\_\_

- Security guards  
Number employed: \_\_\_\_\_  
Number of independent contractors: \_\_\_\_\_  
Are they:    armed    unarmed
- Skeet/trap/archery ranges  
Number of ranges: \_\_\_\_\_
- Spas  
Number of spas: \_\_\_\_\_
- Swimming
  - Indoor pool  
Number of pools: \_\_\_\_\_
  - Outdoor pool
    - In-ground    Above-ground
  - Bathing beach
    - Ocean beach    Lake/river beach
- Number of beaches: \_\_\_\_\_
- Number of diving boards/slides/rafts/platforms: \_\_\_\_\_
- Board/platform height: \_\_\_\_\_
- Slide height: \_\_\_\_\_
- Swimming rules posted? .....  Yes  No
- Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking areas? .....  Yes  No
- Life-safety equipment available at pool side? .....  Yes  No

**7. Describe any additional recreational facilities operated by you or others on the premises:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Security:**

- Employees are required to wear ID badges at all times .....  Yes  No
- Room doors have viewing devices (peep holes) .....  Yes  No
- Room doors have deadbolt locks and door chains .....  Yes  No
- Door keys are card keys for electronic locks .....  Yes  No
- Adjoining room doors have deadbolt locks .....  Yes  No
- Sliding glass doors have security bars or poles within door tracks .....  Yes  No
- Do you release guest names and room numbers to others? .....  Yes  No
- Do rooms contain security instructions for guests? .....  Yes  No
- Facility has CCTV for monitoring parking and entrances .....  Yes  No

**9. Innkeepers liability limit:**

\$1,000 per occurrence/\$10,000 aggregate

\$2,500 per occurrence/\$25,000 aggregate

**10. Do you have other business ventures for which coverage is not requested?** .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail